

Registration for the

5th North American FT-ICR MS Conference April 17-20, 2005

DoubleTree Grand Key Resort
3990 South Roosevelt Boulevard, Key West, FL 33040 888-844-0454

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail: _____

Phone: _____ - _____ Fax: _____ - _____

I am: full participant \$300. by 1/31/05; full participant \$400. after 1/31/05; student \$100.
(Registration fee includes Welcome Reception Sunday night; Lunch and Dinner on Monday; Breakfast on Tuesday;
Breakfast, Lunch and Dinner on Wednesday).

Will you be attending the Banquet Dinner on Wednesday? yes no

Date you plan on arriving: _____

I am an invited speaker:

Talk Title: _____

I plan to submit an abstract for a poster or talk:

Title: _____

Authors: _____

I am a student presenting a poster and I would like to be considered for waiving my registration and housing. An abstract MUST be submitted along with registration.

I am paying with:

Check or Money Order. Make payable to Florida State University/NHMFL. Refer to "5th FT-ICR" in the memo portion of the check.

Credit Card: VISA or MasterCard (sorry, no other cards accepted). Charge \$ in U.S. dollars to:

CARD NUMBER EXP. DATE AUTHORIZING SIGNATURE

Wire Transfer: Source Bank _____ Amount \$ _____

Wire Transfer Information: Account name: FSU; Routing number: 063100277; Account number: 100002777; Bank name: Bank of America Florida (Refer to "NHMFL/FT-ICR" in the "user defined" or "memo" section of the transfer).

Registration must be received by January 31, 2005

Mail To:

5th FT-ICR MS Conference

NHMFL, 1800 E. Paul Dirac Drive, Tallahassee, FL 32310

Fax To: (850) 644-5397

(Faxed registration must be charged to VISA or MasterCard)

For further information, please contact: Mark R. Emmett, emmett@magnet.fsu.edu, (850) 644-0648 or
Karol Bickett, bickett@magnet.fsu.edu, (850) 644-0535